



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

February 13, 2008

Gary Ghramm, Administrator  
Sherman Avenue Beehive  
2100 East Sherman Avenue  
Coeur d'Alene, ID 83814

License #: RC-762

Dear Mr. Ghramm:

On December 19, 2007, a Fire Life Safety Survey was conducted at Sherman Avenue Beehive -- Beehive of North Idaho, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Mundell".

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety and Construction Program



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December 28, 2007

Gary Ghramm, Administrator  
Sherman Avenue Beehive  
Beehive Of North Idaho  
2100 East Sherman Avenue  
Coeur d'Alene, ID 83814

Dear Mr. Ghramm:

On December 19, 2007, a Fire Life Safety Survey was conducted at Sherman Avenue Beehive -- Beehive Of North Idaho, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 18, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/lj

Enclosure

**FILE COPY**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R762</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/19/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHERMAN AVENUE BEEHIVE - BEEHIVE OF N</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2100 E SHERMAN AVE COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on December 19, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

0M6W21

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

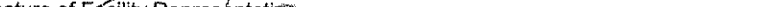
### Punch List

Facility Name Sherman Avenue Beehive	Physical Address 2100 East Sherman Dr	Phone Number 765-8364
Administrator Gary Graham	City Coeur D'Alene	ZIP Code 83814
Survey Team Leader Eric Mundell	Survey Type Fire / Life Safety	Survey Date 12/19/07

NON-CORE ISSUES

## NON-CORE ISSUES

[illegible]

Response Required Date 1/18/08	Signature of Facility Representative 	Date Signed 2/19/07
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